

Illinois Liquor Control
Commission



Pat Quinn
Governor

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**APPLICATION FOR STATE OF ILLINOIS
SPECIAL USE PERMIT LIQUOR LICENSE**

DEFINITION: The Special Use Permit Liquor License shall allow an Illinois-licensed liquor retailer to transfer a portion of its alcoholic liquor inventory from its licensed retail premises to a designated site for a special event. **A Special Use Permit Liquor License must be obtained for each location and cannot exceed 15 days in duration.**

ELIGIBILITY: **APPLICANT MUST ALREADY HOLD A STATE OF ILLINOIS RETAIL LIQUOR LICENSE.**

**Local liquor licensing authority
approval is required for this license.**

**Dram shop insurance to the maximum
limit is required for this license.**

**FEE: \$50.00
(1 DAY ONLY)** **PER EVENT LOCATION. EVENT DURATION MUST BE ONE DAY OR LESS
AND THE APPLICATION MUST BE RECEIVED AT COMMISSION OFFICES
AT LEAST 14 DAYS IN ADVANCE OF THE SCHEDULED EVENT.**

**FEE: \$100.00
(2-15 DAYS)** **PER EVENT LOCATION. EVENT DURATION CANNOT EXCEED 15 DAYS AND
APPLICATION MUST BE RECEIVED AT COMMISSION OFFICES AT LEAST
14 DAYS PRIOR TO START OF EVENT.**

**LATE FEE:
ADD \$25.00** **ADD \$25.00 TO EACH APPLICATION FEE IF YOU EXPECT THAT THE APPLI-
CATION WILL NOT BE RECEIVED AT COMMISSION OFFICES AT LEAST 14
DAYS PRIOR TO THE SCHEDULED EVENT. THE COMMISSION REQUIRES
THIS LEAD TIME IN ORDER TO SCHEDULE SITE INSPECTIONS.**

**ON THE FOLLOWING PAGES, PLEASE PRINT OR TYPE THE INFORMATION REQUESTED IN THE SPACES
PROVIDED. THE FORM MUST BEAR AN ORIGINAL SIGNATURE, THEREFORE NO FAXED SIGNATURES
OR FORMS WITH PHOTOCOPIED/RUBBER STAMPED SIGNATURES WILL BE ACCEPTED.**

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

**FOR OFFICE
USE ONLY**

FOR OFFICIAL USE ONLY

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

COUNTER ☐

Application for State of Illinois Special Use Permit Liquor License

1. APPLICANT INFORMATION

Check here, if license and ILCC correspondence should be sent to this address. ☐

Provide your current State of Illinois Retail liquor license number; provide the corporate/organization name; provide the corporate/organization Federal Employer Identification Number (FEIN); provide your Illinois Department of Revenue IBT number (sales tax number); telephone number; provide your corporate/organization mailing address; and county.

STATE LIQUOR LICENSE NO.	NAME				
FEDERAL EMPLOYER ID NO.	ILLINOIS BUSINESS TAX #	AREA CODE/TELEPHONE NO.			
		()			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY	

2. BUSINESS PREMISE INFORMATION

Check here, if license and ILCC correspondence should be sent to this address. ☐

Provide business name (Doing Business As/DBA), telephone number, address and county.

NAME (DOING BUSINESS AS D/B/A)		AREA CODE/TELEPHONE NO.			
		()			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY	

3. SPECIAL EVENT DETAIL

- Provide the date(s) and time(s) that the event will be held. When you receive your printed license certificate from the Commission, times will be listed in military time; i.e. "0200" = 2AM, "1200" = noon; "2400" = midnight; etc.
- Provide the address/location of the event. If an address is not available, provide specific instructions to enable our investigators to find the event. **Please note: Only one location is allowed per application.**
- Provide the name/type of the event; i.e. neighborhood festival, Oktoberfest, fish fry, spaghetti dinner, etc.
- Determine the total number of event themes/event types for which approval is requested. Use a separate application for each event theme/event type.
- Determine the total number of days and locations covered by the event. For example, if your special event is held on three successive Fridays at the same location, you are only required to fill out a single application and pay a single application fee since the total duration is 15 days or less and the location is the same. If the location changes weekly in the aforementioned example, however, you will be required to fill out three applications and pay three fees.

DATE OF EVENT: EVENT STARTS (MONTH/DAY/YR)	EVENT TIME: TIME FROM (AM/PM)	DATE OF EVENT: EVENT ENDS (MONTH/DAY/YR)	EVENT TIME: TIME TO (AM/PM)	LOCATION OF EVENT: STREET ADDRESS CITY/STATE/ZIP	EVENT THEME: TYPE OF EVENT

4. CORPORATE/ORGANIZATION OFFICER INFORMATION

The individual signing this application at the bottom of page 4 **MUST** be listed in this section.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/TELEPHONE NO.		% OWNED

5. PRIOR LIQUOR LICENSE INFORMATION

- A. Has the organization ever applied for and been denied a liquor license? Yes ___ No ___ If "yes", provide a complete written explanation of the circumstances on a separate sheet of paper.
- B. Has the organization had any previous Special Use Liquor License suspended or revoked? Yes ___ No ___ If "yes", provide a complete written explanation of the circumstances on a separate sheet of paper.

6. LOCAL AUTHORITY APPROVAL

You **MUST** submit proof of local authority approval for your special event. Generally, your local municipality will issue approval in the form of a letter, a certificate, or a rubber stamp. If the event is taking place in an unincorporated area, the County will need to provide the approval. If the event is taking place on State or Federal property, please contact our office as special approval will be necessary. Local authorities will use the box below for "approval" stamps or seals, such as the City of Chicago Liquor Commission; if not applicable, ATTACH a photocopy of the approval letter or certificate.

ATTACH:
LOCAL AUTHORITY APPROVAL
(IF MISSING, APPLICATION WILL BE REJECTED)

or

Local Liquor
Commissioner's
Event Approval
Stamp Here
(if applicable)

7. DRAM SHOP INSURANCE

You **MUST** submit proof that Dram Shop insurance to the maximum limit has been secured for this event. ATTACH a photocopy of the insurance rider to this application. Remember, it must cover the LOCATION where the special event is being held and the coverage must COINCIDE WITH THE DATES OF THE EVENT.

ATTACH:
DRAM SHOP INSURANCE RIDER
(IF MISSING, APPLICATION WILL BE REJECTED)

8. PAYMENT

Determine the payment amount for your application(s). For efficiency, you may group multiple applications and submit a single check to cover all events. Make your check or money order payable to the **Illinois Liquor Control Commission**.

9. LATE FILING FEE

If you expect that your application(s) will not arrive at Commission premises within the required 14-day advance notice period, submit an additional **\$25.00** late fee for EACH application. **If late fee is missing, application(s) will be rejected.**

10. SIGNATURE/DATE/TITLE

The application must be signed and dated by the applicant or an authorized agent of the applicant along with the title/position of the person signing. The signature must be an original (do not send in a copied or faxed form).

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF. FURTHER I AGREE TO NOTIFY THE COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE